UTILITY PATENT AP ATTORNEY DOCKET 80525SHS TRANSMITTAL UND 7 CFR 1.53(b) Customer No. 01333 Commissioner for Patents Express Mail Label No. **Box Patent Application** Washington, D.C. 20231 EM511164030US METHOD OF ESTIMATING AND CORRECTING Date: SAMERA ROTATION WITH VANISHING POINT LOCATION First Named Inventor (or Application Identifier): Andrew C. Gallagher Enclosed are: X Specification 1. Assignment of the invention to Sheet(s) of drawing(s) Certified copy of a priority 2. document. Associate Power of Attorney ₫ 3. Information Disclosure Statement Under 37 CFR 1.97. **J** 4. Combined Declaration for Patent Application and Power of Attorney: m W Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) 4b. UT Incorporation by Reference (useable if Box 4b is Deletion of Inventor(s). 9. checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and is considered as being part of the disclosure of the accompanying 1.33(b). application and is hereby incorporated by reference therein. X If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following: -- CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No. US Provisional 60/192,400, filed 27 March 2000, entitled CORRECTION OF SMALL IMAGE ROTATIONS BASED ON VANISHING POINT DETECTION. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Divisional Continuation-in-part (CIP) Continuation of prior application No:, 12. Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Stephen H. Shaw at (716) 477-7419. The filing fee has been calculated as shown below: FOR: NO. FILED NO. EXTRA **RATE** FEE BASIC FEE \$ 690 TOTAL CLAIMS 24 - 20 = 4 x 18 =\$ 72 INDEPENDENT CLAIMS 3 - 3 = 0 x 78 =\$0 MULTIPLE DEPENDENT CLAIM PRESENTED +260\$0 TOTAL \$ 762 Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 762. A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225. A duplicate copy of this sheet is enclosed.

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